CONTRIBUTION TO THE METAPSYCHOLOGY
OF PSYCHOTIC IDENTIFICATIONS

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In *The Ego and the Id,* Freud (12) begins his discussion of ego and superego identifications with a reference to melancholia where a lost object is reconstituted in the ego, and thus an object cathexis is replaced by an identification. "Not rarely," Freud says, "if a sexual object shall or must be given up, a change of the ego sets in which must be described as constitution of the object in the ego like in melancholia."

As in many other instances, the exploration of pathological phenomena had proved to be exceedingly fruitful for the understanding of normal psychological development. For the further study of psychotic identifications, however, it may be of equal value to carry Freud's comparison further by a closer scrutiny of the differences between normal ego and superego identifications and the corresponding mechanisms in psychosis.

It is indeed noteworthy that Abraham failed to detect some conspicuously different features in the melancholic reactions and the identifications in normal grief to which he had called attention. You remember that Abraham referred to himself as an example of the latter: to his hair turning grey like that of his father, right after his father's death. We all know examples where such identifications after the loss or death of the love object set in, which may not bring about a body change, as in Abraham's case, but striking changes of the personality. E.g., after the loss of her husband a woman takes over his business which becomes the leading ideal and pursuit of her life. She turns into an efficient busi-

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ness woman emulating not only her husband's interests but his
ways, his attitudes, his methods in handling his business. The re-
sults of such a normal identification process are indeed quite dif-
ferent from the effects of depressive identifications. If a woman
would develop a melancholic depression after her husband's death,
"the shadow of her love-object would be cast on her ego," as
Freud (10) so beautifully said in *"Mourning and Melancholia."*
Instead of taking over his ideals, his pursuits, or character traits,
she would blame herself for her inability to carry on his business
or even for having ruined her husband, unaware that her self-
reproaches unconsciously refer to her husband.

We know, of course, that her severe unconscious hostility to-
ward her late husband prevents her from responding to his death
as did the loving wife in our first example. The result of her con-
flict is that instead of achieving realistic likeness with him, she
treats herself in her pathological state "as if" she were the "bad"
husband.[1]

May I now remind you of a quite different, the schizoid "as if"
type of personality which H. Deutsch (4) has so brilliantly de-
scribed. She discussed personalities who, unable to have true feel-
ings and interests, to develop lasting ego and superego identifica-
tions, behave "as if" they had. Not rarely, the prelude of a delu-
sional schizophrenic state is a stage where the patient imitates
idealized persons. A boy of eighteen, in a beginning schizophrenic
development, tries, e.g., whenever he is scared and unable to
handle a situation, to think of a big, powerful, admired friend
and, literally "inhaling him," to imitate his appearance, his ges-
tures, behavior, etc. Thus, he feels, he "has become his friend"
and can safely control the situation. We realize: if the melancholic
treats himself as if he were the love object, the schizoid or pre-
schizophrenic type imitates, he *behaves* as if he were the object,
whereas in a delusional schizophrenic state the patient may eventu-
ally consciously *believe* himself to be another object.

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[1] I need not emphasize that even though it is useful from the theoretical stand-
point to make such a clear distinction between identifications in normal grief and in
depression, practically we may find in grieving persons all kinds of transition from
the one to the other type of reaction.

This outlines the problems which we wish to scrutinize further. Evidently in both groups of psychotics, in schizophrenics and in manic-depressives, regressive processes of identification are induced by the breakdown of both, of object relationships and of normal identifications. The question arises whether we cannot find criteria for a comparison and distinction between the identification mechanisms to be observed in schizophrenics and those formed by manic-depressives; and, furthermore, whether the characteristic differences between psychotic identification mechanisms and normal ego and superego identifications cannot be more precisely defined.

The "as if" type of personality reminds us of an infantile period where such behavior has not yet such an ominous meaning. I refer to the time when the little boy likes "to play father" by snatching his father's hat and cane, by imitating his way of talking and of walking. He, too, pretends to be—he behaves "as if" he were—the father.

Even though such playful make-believe activities may continue far into the latency period, they are founded on identification mechanisms characteristic of the preoedipal stage. In a previous paper on depression (18) I introduced for the better metapsychological understanding of such preoedipal, primitive identifications the term "self-representations," which Hartmann had also suggested. This term—analogous to the term object representations—refers to our mental concept of the self; i.e., to the unconscious and preconscious images of our body self and of our own personality.

Today I shall not go into the infantile development of the self-representations, which I discussed in my previous paper. Suffice it to say that during the early preoedipal phase "good" and "bad" images of the self and of the love objects begin to be formed which, far from depicting reality, are not yet clearly distinguished from each other and show the tendency easily to merge and split again. You know that for some years the child still feels himself to be only an extension of the mother and participates in her imagined omnipotence or, the reverse, regards the mother as a part of his own omnipotent self. He is also inclined to equate or

to blend significant maternal and paternal body parts, such as breast and phallus, to attach the latter to the mother and, in general, to forge from maternal and paternal images combined parental image-units. The child's resistance to give up such magic fantasies is, of course, expressive of his desire to evade the painful intrusion of reality by maintaining or by re-establishing his lost unity with his earliest love object, the powerful mother. The baby's wish for oneness with the mother, founded on fantasies of oral incorporation of the love object, will easily bring about re-fusions between self- and love-object images whenever the child experiences gratifications, physical contact, and closeness with the mother. Evidently, such experiences of merging with the love object are always connected with a temporary weakening of the function of perception—i.e., of the awakening sense of reality—and with a return to the earlier, undifferentiated state. But already during the first year of life, strivings arise in the child to achieve his goal not only passively by way of gratifications from the outside, but by active imitation of his parents. Although these imitations, to which I referred previously, represent a transition to ego identifications and are indicative of the beginning process of ego formation, they still have a magic character. First merely formal activities, without ideational content and functional meaning, they appear to serve only the one purpose: to bring about the desired experience of a merging of the self with the love object.

The further advance from the stage of imitation of the parents to that of identification with them in the ego presupposes, indeed, that the child with increasing perception and distinction of the object world and of his own self begins to develop more realistic self- and object representations in the system ego and to set up firm boundaries between them. His desire for complete oneness with his love objects will now be gradually relinquished in favor of active strivings to become *like* the love objects in the *future;* they correspond to the progress from the state of total to that of partial identification. Then only does the child begin to emulate his parents by taking over meaningful attitudes and behavior and by gaining true interest in their pursuits. In the course of such

identification processes his ego will actually assume characteristics of his love objects. As the inner concept of his self becomes a more faithful mirror of his ego, he can now achieve a partial blending between self- and love-object representations, on the basis of realistic likeness.

These brief remarks may suffice for the purpose of defining the essential differences between ego identifications and the early infantile identification mechanisms. The first are realistic in so far as they result in lasting changes of the ego which justify the feeling to be at least partially like the love objects. The latter are magic in nature; they represent only a temporary—partial or total —blending of magic self- and object images, founded on fantasies or even the temporary belief of being one with or of becoming the object, regardless of reality. Of course, unconscious, short-lived, partial identifications of this early preoedipal type survive normally in our empathic understanding of other human beings as an important element in our social and love relationships. However, in our clinical material we will show how, in psychotic processes of regression, normal object relationships and identifications disintegrate and are replaced by such preoedipal, magic identification mechanisms.

Before discussing these processes I must, furthermore, point to the one area of the ego where the child's magic identifications with his love objects find normally a safe, lasting refuge: the ego ideal and superego. In fact, the core of the ego ideal is composed of idealized images of the parents blended with archaic, aggrandized images of the self. Superego formation is indeed a good example for the constructive use of regressive mechanisms in the service of the ego. Undeniably even the mature superego still has a magic character; it even represents a magic wish fulfillment, but the ego is aware of it. This awareness is reflected in our realization of the discrepancies between our ego and our superego standards. In our eternal struggle for harmony between them, the unending desire for union with the oedipal love objects thus continues to find expression.

We know that the constitution of the superego system signifies

the final solution of the oedipal conflicts. In view of the melancholic pathology we may re-emphasize that these grandiose reaction formations achieve not only the renunciation of the infantile sexual desires in favor of social and cultural pursuits, but, as Freud has discussed in "On Narcissism: An Introduction" (9) and in *Group Psychology and the Analysis of the Ego* (11), are of greatest significance also for the solution of the child's narcissistic and ambivalence conflicts. Counteracting the child's tendency to derogate his parents, the processes of idealization and ego-ideal formation transform the bad, sexual, aggressive, weak, dirty, castrated parents into aggrandized, good, strong, asexual model figures. The ego's endeavors to identify with them find the most powerful support in the internalization of the demanding and prohibiting, the disapproving and rewarding parental attitudes. The development of self-critical and self-approving superego functions promotes the neutralization of libidinous and aggressive forces and helps to veer them away from the love objects to aim-inhibited ego interests and to the executive ego organs of the self. Thus, the constitution of the superego becomes instrumental in the ego's attempts to overcome the narcissistic injuries which instinctual frustration, disappointments and the impact of reality, in general, inflict upon the infantile self.

These three essential aspects of superego formation make us realize that a simple statement, such as that ego and superego identifications *replace* the lost sexual love object, is not comprehensive and precise enough. The fact must be understood that, quite contrary to psychotic identifications which arise with the breakdown of realistic object and self-representations, of object relations and of ego functions, the object relations of the child profit greatly from the building up of ego and superego identifications. The latter do not either destroy or replace, they only transform and change the nature of object relations. By reinforcing the processes of drive neutralization, by reducing the sexual and aggressive object cathexes in favor of affectionate love relations and of ego interests, they contribute indeed very much to the development of firmly cathected, realistic, and enduring ob-

ject and self-representations and of stable object relations and
ego functions.[2]

After having briefly examined the nature of primitive magic
in contradistinction to ego and superego identifications, I shall
now present a case of depressive and a case of schizophrenic psy-
chosis. In these clinical examples we shall study the regressive
revival of magic identifications in psychosis and try to define some
important differences between the manic-depressive and the schizo-
phrenic identification mechanisms, from the metapsychological
point of view. My discussion of the cases will be based on theoreti-
cal conceptions of psychosis, such as I have briefly outlined in a
previous paper on depression (18). The metapsychological de-
scription of the mechanisms operating in manic-depressives essen-
tially repeats opinions expressed in that paper.

Case I

Some years ago, I treated a woman of forty suffering from her
fourth depressive period. This patient was one of the rare cases
that display, right on the surface, the development of the depres-
sive conflict and of the psychotic mechanisms with which we are
here concerned.

Each time her depressive state had been introduced by a period
of increasing irritability and hostility toward her husband and

2 It is evident that much of what I have said so far and what is to be explored in
the further course of this paper relates to the findings and propositions of M. Klein
(24, 25) and her followers.

This is not the place to discuss the points of agreement or of differences of opinion.
However, the following remarks and footnote 4 may contribute to the clarification
of at least some terminological and conceptual differences. I am referring to M.
Klein's concept of the "introjected" versus the "external" objects and more generally
to her conception of introjection versus projection of objects.

Commonly the idea of an introjection of objects pertains to the process of intro-
jection of objects into the ego (the self) or the superego, i.e., to processes of iden-
tification. M. Klein, however, equates the introjection of objects, on the one hand,
with the constitution of object images, on the other hand, with superego formation,
and then again with preoedipal or more mature (ego) identifications.

I do not doubt that mechanisms of introjection and projection, based on fan-
tasies of incorporation and expulsion of objects, underlie and promote the consti-
tution of self- and object representations in the ego, as well as the building up of
ego and superego identifications. This fact, however, and the common infantile
roots of all these psychic formations do not justify a blurring of their decisive differ-
ences. (See also footnote 4, pp. 248-249.)

children. In the course of some weeks, her manifest hostility
would subside and a typical depressive state would set in with
insomnia, anorexia and loss of weight, with severe anxieties, re-
tardation, withdrawal from all activities and social contacts, and
with continuous self-accusations.

The patient came to see me in a state of transition from the
first to the second stage of illness. At first she would mainly bring
forward, endless complaints about her husband. She talked about
his inefficiency and his unloving, selfish attitudes, his greed and
his aggressiveness, his moral worthlessness. Quite insidiously the
subject of her complaints began to change. She herself became the
center of her attacks. She now expressed precisely the same criti-
cism about herself as previously in regard to her husband. One
day, during this phase, she suddenly interrupted her alternate at-
tacks on herself and her partner, and said what I shall try to
recount as faithfully as possible: "I am so confused, I don't know
whether I complain about my husband or myself. In my mind,
his picture is all mixed up with that of myself, as if we were the
same person. But that is not true at all. I know he is quite different
from me. We are alike only in our overdependence on each other.
We don't love each other. We cling to one another like two
babies, each expecting the other to be a good mother. I don't
know any more what sort of person he really is or what I am like.
I think previously I have always been generous and giving,
whereas he is stingy and selfish, expecting me to give myself up
for him. Now I cannot give him anything either. All I want is to
be taken care of. Maybe this is why I have become sick. I want
Irving now to do everything for me. I have felt powerless to
change him, but my sickness will not make him love me either."

Although the patient's outburst touches on many problems in
depression, I shall focus mainly on the nature and functions of
her depressive identification mechanisms.

This woman manifests on the surface her severe ambivalence
conflict with the husband, which threatens to destroy their rela-
tionship. Her aggressive devaluation of her partner was not with-
out realistic foundation. My own impressions had confirmed her
assertion that he was selfish and stingy, an overdependent and

overdemanding person, whereas the patient had normally been a compulsive, domineering, nagging, but also a warm, generous, and self-sacrificing wife. Quite characteristically the two people had always had a sort of symbiotic relationship to each other, each feeling part of the other. They were alike only in so far as he was basically also a narcissistic, oral type. Characterologically, their orality had developed in a different direction, indeed complementary to each other.

If I emphasized in the beginning that the melancholic treats himself as if he were the worthless love object, without assuming its characteristics, I may now add that in her depression this patient had certainly become as selfish and ungiving as she described her husband. But these attitudes, expressive of the regressive process and common to all melancholics, are certainly not ego identifications with the love object. Due to the pathological, narcissistic and frequently very masochistic choice of their partners, the unloving but clinging "oral" attitudes of such depressed patients may, as in this case, actually mimic their partners' oral behavior.[3]

However, in the outburst that I have recounted, my patient had disclosed the nature of her identification mechanisms, of which melancholics are usually quite unaware. "I don't know," she had said, "whether I complain about myself or my husband." She had admitted that she could no longer perceive either him or herself in a realistic way or clearly discern and evaluate their different personality features. This was an overt expression of her impaired sense of reality, of the replacement of realistic by distorted object and self-images, and of the pathological fusion and confusion between the image of her devaluated, "bad" partner and the concept of her own worthless self. The patient had also frankly stated to what extent her fixation at the infantile stage of magic par-

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3 I owe to the courtesy of Dr. Charles Fisher some observations on female depressed patients (apparently not true psychotics) who at the beginning of their depressive state actually developed a behavior characteristic of their first love object, the mother; a behavior which they had once severely criticized. In such cases we see a real, though transitory, ego identification with the ambivalently loved object, which justifies the severe self-reproaches.

ticipation in the power and value of an idealized love object had
predisposed her for this regressive process.

The beginning of her pathological state had announced itself
by denunciations of her husband's character, remindful of those
of a disappointed little child. But contrary to the child's rapid
change from good to bad images of his love object, her disappoint-
ment in her partner had kindled a profound hostility which made
her look at him through dark glasses only. Her mind had trans-
formed him into the very image of a worthless weakling. Within
some weeks, however, her efforts to maintain the libidinous cath-
exis of her love object, her fear of annihilating the "good" image
on which she depended so greatly, had turned her hostility in-
creasingly toward herself. This permitted her to cling more and
more tenaciously to her husband. A pathological identification
process had been induced which may rather be described, not as
an introjection of the love object into the ego, but as a gradual
absorption and replacement of the "bad-husband" image by the
image of her own worthless self.[4]

4 In many near-psychotic or psychotic cases where the normal boundaries between
self and object are dissolving or where the superego system is regressively reper-
sonified, we may find symptoms and fantasies referring to "introjected objects,"
sometimes to "body introjects," such as described by M. Klein. These "bad" intro-
jects may be experienced as the bad, worthless part of the self, or again maintain
the character of dangerous objects which threaten to destroy the self. Fantasy ma-
terial of this type in small children and in psychotic adults, which it is M. Klein's
great merit to have observed and described, may have tempted her not to maintain
the necessary clear distinctions in her theoretical propositions (cf. footnote 2).

In the use of the term projection the same difficulties arise as with regard to the
term introjection. In my last paper on depression I briefly emphasized the impor-
tance of distinguishing between endopsychic object images and external objects.
Strictly speaking, we may apply the term projection whenever something belonging
to the self is ascribed to an object; i.e., whenever endopsychic object images assume
traits of the self or self-images, respectively, or when parts of the self (body or
mind) are experienced as objects or as coming from without (such as in psychotic
delusions and hallucinations). The object images on which the self has been pro-
jected thus become commonly, but need not always be, attached to real external
objects. However, if we were to equate object images in general with "introjected
objects," as M. Klein does, projection would mean the projection of "introjected
objects," alias object images, on the external object world; i.e., would represent the
simple process of attaching or transferring inner object images onto outside persons.
To regard the process of transference as a projection appears to me wrong and
contradictory to Freud's definitions, even though transference phenomena may be
of a projective nature.

To summarize: in my opinion, the terms introjection and projection refer to

Careful observation of this stage frequently shows that for some time such patients may even unduly praise the love object for what were actually their own lovable character traits in the past. Hence, to the extent to which the self is experienced as the "bad object," the "good self" may be projected onto the object in exchange.[5]

During one session the patient interrupted her repetitive self-accusations by suddenly mentioning her mother. "When I listen to my endless self-reproaches," she said, "I sometimes hear the voice of my mother. She was a wonderful, strong woman, but very severe and disapproving. I was as dependent on her as I am on my husband. If he were only as strong and wonderful as she was." With her usual lucidity the patient had not only indicated that unconsciously her husband represented the mother, but had realized that her superego had become so punitive through reanimation of a powerful, severe, aggressive mother-husband image.

This points to the restitutive function of the superego changes during the melancholic period, which I have discussed in previous papers. The first-described identifications resulted in the setting up of a deflated, bad love-object image within the self-image, a process intended to maintain the libidinous cathexis of the love object. As these efforts for a solution of the ambivalence conflict fail, the withdrawal of cathexis from the real love object and, eventually, from the object world in general, continues further. The object relations become meaningless and attenuated, the ego functions inhibited and slowed up. Instead of the dissolving realistic object representations a powerful and indestructible, punitive and cruel love-object image is resurrected and set up in the superego which thus becomes repersonified and severely sadistic. Contrary to that of the schizophrenic, however, the melancholic superego, even though regressively personified, archaic, and

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endopsychic processes—to be observed especially in cases where the boundaries between self- and object representations are dissolving—where either the self may be constituted in the object (projection) or the object in the self (introjection). Since these terms have been frequently misused or applied too broadly, I have refrained from employing them too freely.

[5] Especially in melancholic depressions, after the death of a love object, the latter may be ostensibly glorified by the patient by dint of such projective mechanisms.

highly pathological in its functions, is maintained as a psychic system and gains even increasing strength by taking the place of the fading object representations or the external love object, respectively.

As to the unfortunate results of the double introjective processes in melancholia, I only wish to underscore some points that are important for the comparison with schizophrenia. In the intrapsychic continuation of the struggle with the love object, the self maintains its utter dependence on the latter. It becomes, indeed, a victim of the superego, as helpless and powerless as a small child who is tortured by his cruel, powerful mother. The inner experience of helpless inferiority becomes, of course, increasingly reinforced by the actual paralysis of ego functions caused by the withdrawal from the outside world.

A manic condition may or may not follow the depression. Such a state announces the ending of the period of atonement by a magic reunion with the love object or superego, respectively, which now changes from a punitive into a good, forgiving, omnipotent figure. The reprojection of this all-mighty, all-giving object image onto the real object world reestablishes spurious object relations. The patient throws himself into an imagined world of unending pleasure and indestructible value, in which he greedily partakes without fear.

We shall presently compare these mechanisms with the type of identifications observed in a schizophrenic case. My brief clinical example is intended to highlight exclusively the problems under discussion.

Case II

A brilliant girl of twenty-seven, a social science student, went into an acute catatonic episode at the time when her second marriage was going to pieces. Some years back, during her first marriage, she had been under my care for quite a period of time. The nature of her disease had then been established beyond doubt. This was her second acute breakdown. Up to the time of her first attack she had been a very ambitious girl, predominantly megalomanic, supercilious, and with cold, brittle emotional attitudes.

She was forever in search of her own identity. She wished to be, and at times believed she was, a genius—an idea she shared with her schizophrenic mother, a severe dipsomaniac. When confronted with her realistic inner and outer limitations, she would first respond with increased ideas of grandiosity and a stubborn denial and refusal to accept facts until failure was unavoidable. Then she would become depressed, stop working and, as she called it, "get into a general mess."

Shortly before the onset of her acute condition, the patient had asked for an appointment. The reason for wanting to see me was her fear that her husband, Larry, "might have to commit suicide" should she desert him, as she planned to do. When I pointed to her own disturbed state, she denied it completely. While expressing her concern about her husband, she assured me that she herself felt on top of the world, since she did not "need" Larry any more. After the interview she flew into a rage at him. Then she suddenly calmed down, packed her things, coldly left her home and moved to a hotel. Shortly thereafter she developed a severe state of excitement. She rampaged through the hotel apartment, took a shower at 2 A.M., singing and making a lot of noise. I rushed to her, could easily establish contact, and persuaded her to go immediately to an institution.

In the course of my talk with her, the girl—a pathetic, beautiful Ophelia clad only in a torn nightgown—pulled me down to the couch where she had seated herself. "Let us be close," she said. "I have made a great philosophical discovery. Do you know the difference between closeness, likeness, sameness, and oneness? Close is close as with you; when you are like somebody, you are only *like* the other, you and he are two; sameness—you are the same as the other, but he is still he and you are you; but oneness is not two—it is one, that's horrible.—Horrible," she repeated, jumping up in sudden panic: "Don't get too close, get away from the couch, I don't want to be you," and she pushed me away and began to attack me. Some minutes later she became elated again. "I am a genius," she said, "a genius. I am about to destroy all my books" (on social science). "I don't need them, to hell with them.

I am a genius, I am a genius." (Her husband was a social science teacher.)

When I took her in an ambulance to the hospital, she became calm, subdued, and depressed. "I am dead now. Larry won't kill himself," she said, taking out a little amulet, a tiny crab enclosed in a small plastic case. "This is my soul," she said, handing it to me. "My soul is gone, my self is gone, I lost it. I am dead. Take it, keep it for me till I shall come out." Then, in sudden panic: "I don't want to die," and she began to attack and to beat me, as though I had assaulted her, only to fall back again into her depressed, humble mood. When we got out of the car at the hospital and I lit a cigarette, she suddenly began to laugh, snatched it away from my mouth and smoked it herself. "Now you can go home, I don't need you any more," she said and in an elated mood she left me.

After some months of hospitalization, during the time of recovery, the girl accepted the suggestion of the chief psychiatrist, to whom she had become quite attached, to work as an attendant aide. In this activity she imitated very conspicuously his gestures and behavior. She played the psychiatrist. She repeated at that time what I had observed in her during her first period of treatment with me. After her recovery she gave up this interest as well as her social science studies. She got a divorce and moved to the west, to her father and stepmother. Since then she has done secretarial work for the father, cooking and baking with the mother. She lost her interest in her former life and studies so completely that she impressed a visitor as a person who had never done intellectual work. Her grandiose, ambitious attitudes shown prior to the breakdown seemed to be gone. Evidently, she has adjusted at a lower level in a situation of a rather clinging dependency on and imitation of her parents.

The acute breakdown of the girl had been precipitated by conflicts with her husband, previously her teacher. Her object relations prior to her episode reminded one in many ways of those of the "as if" type described by H. Deutsch (4). They were quite different from those of the manic-depressive patient, which had been steady and highly discriminating, though overly close and

too faithfully "clinging." Contrary to this picture, the love relations of the schizophrenic girl were indiscriminate and at an infinitely more magic, infantile ego level. At first sight her marital relationship gave the impression of being selective and highly intellectual. Actually it was completely unrealistic, lacked substance and true feelings. She would simply choose partners to whom she could attach her own genius fantasies and, though brilliant, changed her interest with the respective lover's or husband's. She began to devote herself to social studies after falling in love with a social scientist who had impressed her as outstanding. When he did not respond, she easily displaced her fantasies and feelings from him onto another, and then onto a third man in this field who eventually married her.

Quite different from the manic-depressive woman, she displayed, from the beginning of her marriage, violent signs of open ambivalence toward her husband. It is characteristic that, in rapid mood vacillations, she would either deny her hostility and feel only kindly disposed toward him, or deny her attachment and scorn and reject him. Thus, she alternately praised and imitated his supposedly outstanding qualities, which automatically gave her as his wife also high stature, or played the woman of genius on whom this pathetic little creature depended. Between her two marriages she would occasionally, in a keyed-up mood, throw herself into precipitate, short-lived, senseless sexual affairs which left her emotionally cold and sexually unsatisfied. Her behavior was quite different from the sexual exploits of the hypomanic who may passionately and pleasurably consume and gaily dispose of one love object after the other.

In both her marriages the girl had been involved with her husband's previous wives and mistresses. These triangular involvements were no more than faint shadows of past oedipal constellations. Her dreams and even her manifest fantasies left no doubt that the heterosexual and the homosexual love objects represented "units" to her; they were mixtures of infantile, omnipotent, paternal and maternal images as well as projections of her own grandiose self. In dreams and even in her conscious imagery, the girl would easily exchange these objects or merge them with each

other and with herself, and attach attributes of the other sex or
of both sexes to them. Evidently these figures were fusions of
split-up, infantile, object images which tended to be recomposed
and distinguished only according to bisexual organ attributes rep-
resenting either life, strength, omnipotence, or death, destruction,
impotence. Thus omnipotent, male-female, breast-phallus figures
and castrated, breastless, injured, dead figures would be created,
combining traits of various male and female persons and of her-
self which lent themselves to her imagery.

Obviously the final break came when the girl was no longer
able to bear up under the increasing compulsiveness of her hus-
band. In the interview shortly before the onset of her episode,
where she implored me to save her husband from suicide, she
explained that she had to desert him because she could not tol-
erate his imposing strict schedules for work and pleasure on her;
he had insisted on her paying the taxes on time and "would not
even let her have fantasies of getting a dozen children."

Thus, the episodes appeared to have set in with a situation
of unbearable ambivalence, indicative of a process of irresistible
instinctual diffusion; a situation of being enmeshed in a fatal
struggle between extremely passive, masochistic strivings and se-
verely sadistic, murderous impulses toward the love object. This
conflict found expression in the fear that either the patient or
the love object must die or commit suicide. The tearing up of
scientific books (magic murder of her husband "in effigie"); the
handing over of the amulet, the symbol of her self, to me; all this
psychotic acting out reveals clearly the underlying conflict between
wishful fantasies of either being destroyed by the object or of
killing or having killed it.

The fantasy material of the girl prior to her episode, and of
other schizophrenic patients as well, disclosed that the ideas of
killing or being killed correspond to fantasies of devouring, in-
corporating and ejecting the objects, or vice versa; fantasies with
which we are familiar from M. Klein's work (24, 25) and from
Lewin's book on elation (26). The patient escaped from her in-
tolerable conflict by a sudden break with reality and total regres-
sion to a magic, primary-process level. The murderous fantasies

developed rapidly into delusional ideas and fears of either the object's or her own imminent death. The belief in the object's death induced, temporarily, an elated mood and megalomanic attitudes and ideas which would quickly change to panicky fears of imminent death, or to depressed states with experiences of losing the self or of inner death. The girl's manifest ideas at the beginning of her episode enable us to understand the cathectic shifts and the processes of identification leading to these delusional experiences and ideas. Her philosophical elaborations described step by step, in an almost clairvoyant way, her regressive escape from the insoluble ambivalence conflict with the love objects; from object relationship, "closeness," to identification, "likeness," to magic, total identifications, first "sameness" and eventually "oneness," i.e., complete fusion of self- and object images.

In metapsychological terms these processes may be described as follows. Long before the onset of the episode, probably since the age of nineteen when she had run away from college to marry her first husband, the patient's ego had operated at a profoundly magical level. Her reality testing had been impaired, her concepts of the object world and of her own self distorted by the invasion of highly irrational images into the ego and by the lack of boundaries between the different objects as well as between the objects and her own self.

The episode announced itself by signs of increasing ambivalence and outbursts of fury toward her husband. The breaking point, however, was reached when her rage at him suddenly subsided as she coldly walked out on her partner. Evidently, the cessation of affects and the assertion of "no longer needing" the husband were expressive of a complete withdrawal of all cathexis from the object. Whereas the libidinous cathexis had veered away from the object to the self, the aggression was, first, turned to inanimate object substitutes (the books) and, with increasing catatonic excitement, more and more diffusely discharged outside. Hence, a magic, total identification had taken place: as the object representations were dissolving, the image of the murderous, powerful object had been set up in the image of the self, a process that found expression in megalomanic, aggressive self-expansion and

the idea that the object had died. Fear and hate of the object had disappeared; the self threatened by the omnipotent object had been saved by the magic murder of the object.

This state, however, was only temporary and was soon followed by the reverse process which restored the object, though by magic destruction of the self. Apparently, the entire libidinous cathexis had now been called away from the self-image and turned back to the object image. A powerful, threatening object image had thus been resurrected, at the expense of the self; an image which during my visit became immediately attached to me. Surrender followed by panicky fears, feelings of losing the self and dying, and renewed outbursts of rage toward me, as the murderous object, were indicative of the threatening dissolution of the self-representations which had been emptied of libido and cathected with destructive forces.

Longer periods of observation show the enormous cathectic fluidity in schizophrenics and their inability to tolerate ambivalence, which M. Klein has stressed particularly. They tend to decathect an object completely and to shift the entire (libidinous or aggressive) cathexis not only from the object to the self and vice versa, but also from one object to the other; furthermore, to throw all the available libido temporarily onto one object while cathecting another one or the self, respectively, with all the aggression, and to reverse these processes rapidly.

One patient, who had been tremendously involved with his parents, "lost all feeling for them" when he married. They became "shadowy figures." He felt interested only in his wife and father-in-law. When during his treatment his feelings for the mother were stirred up for the first time, he said: "I cannot continue loving her. I feel that my self would be gone." Another patient, who had coldly assured me that his father was "dead" for him, very excitedly said, when his feelings were rearoused: "I had locked him up in myself. He is coming out now, he is halfway out; that is terrible, I shall die"—and he began to shudder with fear. Soon his father "was gone," and he felt alive: "Now he is in again; I feel alive and strong."

In the further course of such psychotic episodes we may observe

how the processes of restitution succeed in resurrecting new, more or less fixated, delusional self- and object representations. I mentioned above the dreams and imagery of the schizophrenic girl, which had shown: first, the breaking up of realistic object and self-representations into fragmented, archaic images; then, their refusion and their merging with the remnants of realistic representations; and, eventually, the attempt at their reorganization into new, composite, pathological image-units. To go further into the schizophrenic restitution processes would overstep the boundaries of this paper. I may only mention the simultaneous persecutory and grandiose delusions in the case of a schizophrenic social worker, who planned to set up an international social agency of his own, which would prevent war and thus save the world from destruction. He maintained the delusion of a secret adversary in the government who tried to ruin all his plans. This patient had eventually succeeded in setting up the image of an omnipotent, loving father-mother unit in the image of his self as the "rescuer of mankind," whereas the omnipotent, destructive father-mother-self unit was split off and reprojected onto an imaginary outside object, his evil adversary in the government. He never attached this evil object image to a real outside object. In other cases such delusional new object concepts become reattached to real persons and lead to the re-establishment of pathological paranoid object relations. Since reality testing may temporarily still be effective in certain ego areas, relations to the outside world may then simultaneously operate on both a realistic and a delusional level.

We shall now compare these processes to the corresponding mechanisms in manic-depressives. Let me, once more, summarize the conclusions derived from the melancholic case. In manic-depressives the regressive, magic identifications appear to reflect their fixation at the stage of magic participation of the child in the power and value of the idealized parents. What characterizes even the prepsychotic personality of manic-depressives is their narcissistic vulnerability, the instability of their self-esteem, caused by this overdependency on the love and narcissistic supply from an overvalued, all-giving love object. The libidinous cathexis of their

self-representations thus depends on the maintenance of a con-
tinuous libidinous hypercathexis of the love object, designed to
prevent its aggressive devaluation in which their self is bound to
participate. Any slight hurt or disappointment is apt to arouse
a profound ambivalence conflict, upset their precarious narcis-
sistic equilibrium, and precipitate a regressive process leading to
a depression. In the depressed state the attempt to safeguard the
libidinous cathexis of the love object leads first to an increasing
merging of the bad, worthless love-object image with the self-
image and sometimes even to a projection of the "good, worthy"
self onto the object. The failure of this defense promotes the in-
creasing withdrawal of cathexis from the realistic love object and
the revival of infantile, "bad" parental images. Processes of resti-
tution set in, resulting in the reanimation of a punitive, sadistic,
but powerful and indestructible love-object image which is set
up in the superego.

Contrary to the corresponding processes in schizophrenia, it is
characteristic of manic-depressives that these double magic identi-
fication mechanisms still aim at and succeed in maintaining the
situation of dependence of the self on a powerful, superior love-
object image. This statement is in agreement with opinions pre-
viously expressed, especially by M. Klein. In the endopsychic con-
tinuation of the conflict, in the melancholic state, the self passively
surrenders to the sadistic superego, as once to the love object. But
even in the manic state where the archaic, punitive love-object
image or superego, respectively, turns into a loving one, its re-
projection on the outside permits the self to feel part of and to
feed on a highly pleasurable, good, indestructible object world.
Thus the aggrandizement of the manic encompasses and depends
on an illusory, grandiose world.

Comparing these mechanisms with the corresponding processes
described in the schizophrenic case, we notice that the regressive
processes in schizophrenia go much further. They lead to a loss
of structural differentiation in the psychic organization and to a
drive deneutralization far beyond what we observe in manic-de-
pressives. We found that the schizophrenic patient's grandiose,
elated states as well as her states of depression and panic were an

expression not of conflicts or reconciliation and reunion between superego and self, but of processes of total fusions between self- and object images within the disintegrating ego-id. In fact, schizophrenics appear to have a severe intolerance to guilt feelings, coupled with their inability to ward off guilt-provoking impulses by normal neurotic defense mechanisms. Again, I refer to the case of the schizophrenic girl, whose final break came when she could no longer tolerate her husband's compulsiveness which played continuously on her guilt feelings. Pious (29) also has called attention to the breakdown of superego functions in schizophrenia, and Kanzer (19) has expressed ideas along similar lines.

Whereas in melancholics the superego, by absorbing punitive, powerful parental images, gains sadistic control over the self, we may observe the opposite in schizophrenic patients: an escape from superego conflicts by a dissolution of the superego and by its regressive transformation back into threatening parental images. For such processes the schizophrenic is evidently predisposed by his defective ego-superego formation. As in the case of the schizophrenic girl, we may find in prepsychotic or latent schizophrenics that their so-called ideals are actually ambitious daydreams and magic fantasies of sharing or even usurping the desired omnipotence of their love objects. The superego fears are frequently replaced by fears of omnipotent, murderous object images which may be attached to body parts (body introjects) or to outside persons. Instead of guilty fears and submission to a destructive superego as in melancholia, schizophrenics, hence, may experience fears of being bodily destroyed or, as my patient did, of being influenced and persecuted, of dying or of being dead, or of losing their identity. These fears correspond to wishful fantasies of passively submitting, of being devoured and killed by murderous parental figures. In some cases we may observe that a seemingly compulsive superstructure developed in early latency, which helped to keep the schizophrenia latent, may gradually or suddenly break down and give way to paranoid syndromes.

On the other hand, their grandiosity and elation, contrary to that of manic patients, is autistic in nature. Instead of feelings of owning and partaking in a world of unending pleasure, schizo-

phrenics may show the grandiose belief of being the genius who does not need the world, or of being the omnipotent evil or good ruler of mankind who can control, destroy, or rescue a doomed world. Their outbursts of panic, their fantasies of *Weltuntergang* arising from an inner perception of their disintegration, of the breakdown of object relations and ego identifications, reverberate the processes of dissolution both of the object and of the self-representations which, split up into archaic images, cease to be entities. The delusional ideas appear to develop from restitutive processes leading first to refusions of such fragmented images and, further on, to the resynthesis and recathexis of new image-units which may be reattached to outside objects.

Within the frame of this pathology the schizophrenic identifications present themselves as introjective and projective processes of either dissolution, loss of cathexis, and immersion of the self-images in omnipotent, devouring parental images, or of the opposite.

SUMMARY

In manic-depressives the regressive processes do not proceed as far and do not result in "total identifications." They result in fusions of bad or good love-object images with the self-image and with the superego and eventually lead to a severe pathological conflict—or harmony—between the self and the superego. In schizophrenics the ego and superego systems deteriorate to a much more dangerous extent. The conflict between self and superego becomes retransformed into struggles between the self and magic, threatening love-object figures, and the pathological identifications are the expression of alternating introjective and projective processes leading to more or less total fusions between these self- and object images within the deteriorating ego-id. In so far as powerful, lasting object images are reconstituted and reattached to the outside world, the ego-superego conflicts change into homosexual paranoid conflicts, with impulses to kill and fears of being persecuted and destroyed by outside representatives of these terrifying figures.

If I stated in the beginning that the manic-depressive treats himself as if he were the love object, whereas the schizophrenic behaves as if he were or believes himself to be the object, the meaning of this difference has now become clearer. It points to the tendency and effort of the manic-depressive to submit to or to reconcile with, but in any case to keep alive and to cling to, the love object. In contradistinction to this position, the schizophrenic tends either to destroy and replace the object by the self or to let the self be annihilated and replaced by the object. This difference is reflected in the fact that in the preschizophrenic, mechanisms of imitation *of* the love object play such a paramount role, whereas all the manic-depressive needs and wants is punishment leading to forgiveness, love and gratification *from* his superego or his love object, respectively.

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